

DUE: October 1, 2004

**LETTER OF INTENT FOR A NEW CAREER AND TECHNICAL EDUCATION (CTE)
 19.0000 FAMILY AND CONSUMER SCIENCES PROGRAM**

DEFINITION: Family and Consumer Science (FCS) is a non-wage earning CTE program, eligible for Parenthood Added Cost funding by the State of Michigan and is identified by Federal CIP Code number 19.0000. FCS/CTE programs should include classroom and laboratory experiences. Instruction must be competency-based with either state or national curriculum or locally developed curriculum based on Michigan Life Management Education Content Standards and Benchmarks (approved by the State Board of Education) and the FCS National Standards.

INSTRUCTIONS: A Letter of Intent must be completed for each new CTE program (to begin in the 2005-2006 school year) that a local education agency is planning to offer at the building level. Please forward this "Letter of Intent" to your CEPD CTE Administrator by the deadline date established in your region. Please attach the Needs Assessment Form to Accompany Letter of Intent for New CTE Family and Consumer Sciences Program.

All information must be completed or this form will be returned to the applicant.

FISCAL AGENCY: _____	FISCAL CODE: _____
OPERATING DISTRICT: _____	DISTRICT CODE: _____
BUILDING: _____	BUILDING CODE: _____
CONTACT PERSON: _____	PHONE: _____
CONTACT PERSON'S SCHOOL NAME: _____	FAX: _____
CONTACT PERSON'S SCHOOL ADDRESS: _____	CONTACT PERSON'S E-MAIL ADDRESS: _____

1. PLEASE COMPLETE THE ATTACHED NEEDS ASSESSMENT FORM TO ACCOMPANY LETTER OF INTENT FOR NEW CTE FAMILY AND CONSUMER SCIENCES PROGRAM.
2. IF THE DISTRICT CURRENTLY OPERATES A NON-REIMBURSED FAMILY & CONSUMER SCIENCE PROGRAM, PLEASE PROVIDE THE NAME(S) OF THE TEACHER(S): _____
3. THE DISTRICT AGREES TO IMPLEMENT THE **CONTENT STANDARDS FOR MICHIGAN LIFE MANAGEMENT EDUCATION PROGRAMS** APPROVED BY THE STATE BOARD OF EDUCATION: Yes _____ No _____
4. THE DISTRICT PLANS TO ENROLL STUDENTS IN THE FOLLOWING COURSES: **(Parenthood required plus 3 additional)**
 - _____ PARENTHOOD EDUCATION (Course 02)
 - _____ PERSONAL LIVING (Course 03)
 - _____ CONSUMER EDUCATION (Course 04)
 - _____ ESSENTIAL HEALTH AND LIVING SKILLS (Course 06)
 - _____ FAMILY LIVING (Course 07)
 - _____ NUTRITION EDUCATION (Course 08)
 - _____ BALANCING WORK AND FAMILY (Course 09)

5. TOTAL ENROLLMENT FOR GRADES 9-12 IN THE PROPOSED BUILDING: _____

EAG CHAIR SIGNATURE: _____

DATE: _____

Please print or type name: _____

SUPERINTENDENT/FISCAL AGENT SIGNATURE: _____

DATE: _____

Please print or type name: _____

Please type school address: _____

e-mail address: _____

CEPD CTE ADMINISTRATOR SIGNATURE: _____

DATE: _____

Please print or type name: _____

e-mail address: _____

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